#spelication of Docket Number

7/5/					000			ㅗ	./ ~				-
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM/	E C		OR	OTHER SMALL	ENTIT	Υ
TOTAL CLAIMS							R	RATE			RATE	FE	E
FOR			NUMBER FI	LED	NUMBE	R EXTRA	BAS	IC FEE		OR	BASIC FEE	86	2
TOTAL	OTAL CHARGEABLE CLAIMS // minus 20=			s 20=			×	\$ 9=		OR	X\$18=		\Box
INDEPENDENT CLAIMS 2 minus 3 =					. /	\ \ \	X40=		OR	X80=		-	
MULTIPLE DEPENDENT CLAIM PRESENT							+	+135=			+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L-	DTAL	1	OR	TOTAL	86	7
4/10/83 CLAIMS AS AMENDED - PART II								OTHER THAI					
V L		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	AD TION FE	
AMENDMENT	otal	//	Minus	. A	90	- \ /	[·	(\$ 9=		OR	X\$18=)	
W EN	dependent	2	Minus	•••(3	=		(40=	1	OR	X80=	1	
∀ FI	IRST PRESEN	ITATION OF M	JLTIPLE DEP	ENDEN	T CLAIM		1.	135=	1.00	OR	+270=		
10	17/03							TOTAL DIT. FEE		1	TOTAL ADDIT, FEE		
/ ν,	7 17 10	(Column 1)			ımn 2)	(Column 3)	,,,,,			_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	AD TIO FE	NAL
NO T	otal	. 17	Minus	0	20	= \	/ 5	(\$ 9=		OR	X\$18=		1.
WEN	ndependent	·a	Minus	••• (3	- >		X40=	20.00	OR	"X80=	П	
▼ FI	IRST PRESEN	TATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM		١ ٢	-135≃	- 1.	OR	+270=	1	/
	2/						L	TOTAL		OR	TOTA	4	\
3	118/04						AD	DIT. FEE		Jon	ADDIT. FÉ	E L	- 5
_	· valoristingster	(Column 1) CLAIMS	No. of the last		umn 2) HEST	(Column 3)	٦.	7	ADDI-	1		LA	DI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NU PRE	MBER VIOUSLY D FOR	PRESENT	\prod	RATE	TIONAL FEE		RATE	- TIC	NAL
DME	Total	· 15	Minus		30	= \		X\$ 9=	115.1411.05	ОЯ		7	
	Independent	. 2	Minus	(3	=/	ľt	X40=	1	OR	X80=	\top	
تك	FIRST PRESE	NTATION OF N	ULTIPLE DE	PENDE	NT CLAIR	<u>, , </u>	J ├		 	1	070	\forall	\Box
						olumn 3	L	+135=		OR	+270=	<u> </u>	<u> </u>
	the Millebort bhe	mn 1 is less than mber Previously mber Previously	Paul Enr IN TH	IS SPAC	F is less th	ıan 20, enter "20	. AD	TOTAL DIT. FEE		OF	ADDIT. FE		-

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p a collection of information unless it displays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR .	OTHER THAN SMALL ENTITY			
	FOR	NUMBE	R FILED	NUMBE	R EXTRA		RATE	FEE		RATE	FEE		
	C FEE FR 1 16(a))							s	OR		8		
	TOTAL CLAIMS (37 CFR 1 18(c)) minus 20 # .					x s=		OR	x 5=				
INDE	INDEPENDENT CLAIMS (37 CFR 118(b)) minus 3 = -						x s =		OR	x 5=			
<u> </u>	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5 =		OR	+s =			
	"If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL			
"		LAIMS AS AME					TOTAL			OTHE	R THAN		
8	8/13/04 (Column 1) (Column 2) (Column 3)						SMALL	NTITY	OR 1	SMALL ENTITY			
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ME	Total (37 CFR 1.15(c))	17	Minus	20	* —		x s=		OR	x s=			
AMENDMENT	Independent (37 CFR 1.16(b))	. 7	Minus	(3	= 4		x s=		OR	x s.86=	344		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))						+s=		OR	+ 5=			
	12/22/pd								OR	TOTAL ADD'L FEE	314		
\vdash	700	(Column 1)		(Column 2) HIGHEST	(Column 3)				1		T		
NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ENDMENT	Total (37 CFR 1 18(c))	14	Minus	20	-7/		x s=		OR	x s=			
H	Independent (37 CFR 1 16(b))	4	Minus	1			x s=		OR	x s=	XZ		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))						+ s=		OR	+ s= ,	<i>Y</i>		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
1		(Column 1)		(Column 2)	(Column 3)				-				
N C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ME	Total (37 CFR) 16(c))		Minus			1	x s=		OR	x s=			
AMENDMENT	Independent (37 CFR 1 16(b))		Minus		-	1	x s =		OR	x s =			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ s=			
-						•	TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE			
	" If the 'Highest	column 1 is less that Number Previousl Number Previously Number Previously	y Paid For	IN THIS SPACE	is less than 20,	ente	nter "20".	n the appropr	ate box in	column 1.			

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